



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____ City/County

Located at _____ Telephone _____

Court Address

Case No. _____

NOTE: Respondent will be served a copy of this completed document. Petitioner does not need to give an address if doing so risks further harm, further abuse, or reveals the confidential address of a shelter. If this the case check here ☐.

If you need additional paper, ask the clerk.

Fill in the following, checking the appropriate boxes.

Jeffrey Phoenix
Petitioner
214 Rabbit Rd
Address
Gaithersburg MD 20878
City, State, Zip
240-994-8815
Home Telephone No. Work Telephone No.

vs. Chelsea Phoenix
Respondent
214 Rabbit Rd
Address
Gaithersburg MD 20878
City, State, Zip
240-672-8769
Home Telephone No. Work Telephone No.

☐ Petition filed electronically under FL § 4-505.1

PETITION FOR PROTECTION FROM

☒ DOMESTIC VIOLENCE ☐ CHILD ABUSE ☐ VULNERABLE ADULT ABUSE
(Family Law § 4-504)

1. I am ☐ the current or former spouse of the respondent; ☐ a cohabitant of the respondent; ☐ a person related to the respondent by blood, marriage, or adoption; ☒ a parent, stepparent, child, or stepchild of the respondent or the person eligible for relief who resides or resided with the respondent or person eligible for relief for at least 90 days within one (1) year before the filing of the petition; ☐ a vulnerable adult; ☐ an individual who has a child in common with the respondent; ☐ an individual who has had a sexual relationship with the respondent within one (1) year before the filing of the petition; or ☐ an individual who alleges that within six (6) months before the filing of the petition the respondent committed rape or a sexual offense or attempted rape or sexual offense against the individual.

2. I want relief for ☒ myself ☒ minor child ☐ vulnerable adult, from abuse by Chelsea Phoenix
Name of alleged abuser

The respondent, whose present whereabouts (if known) are 12370 Quail Woods Dr Germantown MD
committed the following acts of abuse against Jeffrey, Savanna, Shianne Phoenix
Name(s)

on or about, 5/31/23 (check all that apply) ☒ kicking ☐ punching ☐ choking/strangling
Date
☐ slapping ☐ shooting ☐ rape or other sexual offense (or attempt) ☐ hitting with object ☐ stabbing ☐ shoving
☒ threats of violence ☐ mental injury of a child ☐ detaining against will ☐ stalking ☐ biting ☐ revenge porn

☒ other Statutory Rape of Minor (Savanna's child), Self Harm, Decompensating Behavior

The details of what happened are: See Attached (Give specific details of what happened, when and where it happened, and any injuries sustained)

3. (If the victim is a child or vulnerable adult, fill in the following): I am asking for protection for a ☒ child 03/10/08
☐ vulnerable adult whose name is Savanna Phoenix 08/02/00 Shianne Phoenix 08

At this time the victim can be found at 214 Rabbit Rd Gaithersburg MD 20878

I am ☐ State's Attorney ☐ DSS ☐ a relative ☐ an adult living in the home.

4. The person(s) I want protected are (include yourself if you are a victim):

Name(s)	Birthdate	Relationship to Respondent
<u>Jeffrey Phoenix</u>	<u>05/11/1978</u>	<u>Dad</u>
<u>Savanna Phoenix</u>	<u>08/02/2000</u>	<u>Sister</u>
<u>Shianne Phoenix</u>	<u>03/10/2008</u>	<u>Sister</u>

Jeffrey Phoenix
Petitioner

vs.

Case No. _____
Chelsea Phoenix
Respondent

5. The person(s) I want protected now lives, or has lived, with the respondent for the following period of time during the past year: Entire year

There ☒ are ☐ are not additional persons living in the home.

6. I know of the following court cases involving me, or the person I want protected, and the respondent. (examples include: paternity, child support, divorce, custody, domestic violence, juvenile cases, criminal cases).

Court	Kind of Case	Year Filed	Result or Status (if you know)

7. I have received a Final Protective Order against the same respondent that expired within one (1) year of the abuse alleged in this petition, and which was issued for a period of at least six (6) months.

☐ Date issued

☐ Date expired _____

☐ Location where issued _____

City/County/State

8. Describe all past injuries the respondent has caused the victim, and give date, if known _____

9. The respondent owns or has access to the following firearms: _____

10. I want the court to order the respondent: (NOTE: Petitioner need not give an address if doing so risks further abuse)

☒ NOT to abuse or threaten to abuse ~~Jeffrey~~ Jeffrey, Savanna, ~~Chelsea~~ Phoenix
Name(s) Shianne

☒ NOT to contact, attempt to contact, or harass Jeffrey, Savanna, Shianne Phoenix
Name(s)

☒ NOT to go to the residence(s) at 214 Rabbitt Rd Gaithersburg MD 20878
Address

☒ NOT to go to the school(s) at Quince Orchard H.S. 15800 Quince Orchard Rd
Name of school and address Gaithersburg MD

☐ NOT to go to the child care provider(s) _____
Name of child care provider and address

☐ NOT to go to the work place(s) at _____
Name(s)

Jeffrey Phoenix vs. Chelsea Phoenix
Petitioner Respondent

☒ to leave the home at 214 Rabbit Rd Gaithersburg MD 20878
Address

and give possession of the home to _____

The name(s) on the deed or lease are: _____

☐ to turn over firearm(s) to a law enforcement agency.

☐ to go to counseling for ☐ domestic violence ☐ drug/alcohol ☐ other

☐ to pay money as Emergency Family Maintenance (may be taken from respondent's paycheck).

11. I also want the court to order:

☐ custody of _____
Name(s) of child(ren)
be granted to _____
Name

☐ use and possession of the following jointly-owned vehicle be awarded to _____
Name

☐ temporary possession of the pet(s) _____
Description of vehicle
Name and description
be awarded to _____
Name

☐ in the final order, the following additional relief necessary to protect _____
Person eligible for relief
from abuse: _____

12. (Fill in only if you are seeking Emergency Family Maintenance.) The respondent has the following financial resources:

Income from employment in the amount of \$ _____ every ☐ week ☐ 2 weeks ☐ month

☐ other _____

Source of employment income _____
Name and address of source and amount(s) received

Income from other source _____
Name and address of source and amount(s) received

The respondent also owns the following property of value: Automobile(s) \$ _____
Estimated value

Home \$ _____ Estimated value Bank Account(s) \$ _____ Estimated value

Other: _____

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

6/1/2023
Date

Jeffrey Phoenix
Petitioner

☐ I have filled in the Addendum (Description of Respondent), CC-DC-DV-001A

NOTE

If you believe that you have been a victim of abuse and that there is a danger of serious and immediate injury to you, you may request the assistance of a police officer or local law enforcement agency.

The law enforcement officer must protect you from harm when responding to your request for assistance and may, if you ask, accompany you to the family home so that you may remove clothing and medicine, medical devices, and other personal effects required for you and your children, regardless of who paid for them.

You are entitled to request that the address and telephone number of a victim, a complainant, or a witness be considered for shielding at the filing of this application.

NOTICE TO CUSTODIAN: A person who places in a judicial record identifying information relating to a witness shall give the custodian written or electronic notice that such information is included in the record, where in the record that information is contained, and whether that information is not subject to remote access under this Rule, Rule 1-322.1, Rule 20-201, or other applicable law. Except as federal law may otherwise provide, in the absence of such notice a custodian is not liable for allowing remote access to the information.

☐ Mark this box if this form contains Restricted Information.



DISTRICT COURT OF MARYLAND FOR Montgomery County - Rockville

City/County

Located at 191 E. Jefferson Street, Rockville, MD 20850

Court Address

Case No. _____

Chelsea Phoenix

Respondent's Name

PETITION FOR PROTECTION/PEACE ORDER
CONTINUATION SHEET

Page _____ of _____

MDEC counties only: If this submission contains Restricted Information (confidential by statute, rule or court order) you must file a Notice Regarding Restricted Information Pursuant to Rule 20-201.1 (form MDJ-008) with this submission and check the Restricted Information box on this form.

Sexual Abuse
Chelsea is an 18 year old adopted child from MACO Foster Care. She suffered severe trauma at the hands of her biological family. She has struggled w/ ~~chronic~~ extreme PTSD and occasionally has ^{required} ~~psych~~ psych. Hospitalization. Since her 18th Birthday in January, Chelsea has been skipping class, using drugs, and having questionable relationships w/ younger boys (~~15~~ 15/15 old). Her behavior has started spiraling immensely, ^{the last 2 days} and this weekend she had sex w/ a 12yr old. (Frederick Sheriff Incident 23-000879), threatened to slit her wrist last night in front of Family and Gaithersburg City Officers (Incident 230026192), during the time w/ Police last night she rapidly spiraled from self harm to screaming anger to laughing/joking w/ officers. Despite this rapidly declining behavior, Adventist Discharged Chelsea this morning. Because of her sexual abuse history and recent abuse of a 12 year old, I am fearful for the safety of her 2 younger sisters that remain in the house. Chelsea has shown NO remorse for any of her aggressive, self harming, behavior and has shown a complete inability to refrain from impulsive actions that have caused harm to minors. I can not risk ~~the~~ Savanna and Shianne being harmed or triggered any further by Chelsea's deterioration. Please consider this request for a protection order.

6/1/23

Date

[Signature]
Petitioner's Signature



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____

City/County _____

Located at _____

Court Address _____

Case No. _____

Jeffrey Phoenix

Name of Petitioner on Original Court Order

214 Rabbit Rd

Street Address, Apt. No.

Gaithersburg MD 20878

City, State, Zip

240-994-8815

Home Telephone No.

Work Telephone No.

vs.

Chelsea Phoenix

Name of Respondent on Original Court Order

214 Rabbit Rd

Street Address, Apt. No.

Gaithersburg MD 20878

City, State, Zip

240-672-8769

Home Telephone No.

Work Telephone No.

**ADDENDUM TO PETITION FOR PROTECTIVE ORDER
(DESCRIPTION OF RESPONDENT)**

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order. This may endanger your safety or the safety of another protected party. Please provide as much information as possible.

**DESCRIPTION OF RESPONDENT
(Alleged Abuser)**

Full Name: <u>Chelsea Elizabeth Phoenix</u>		Date of Birth: <u>01/25/05</u>		Approximate Age: <u>18</u>		
Race: <u>W</u>	Sex: <u>F</u>	Height: <u>5'4"</u>	Weight: <u>115</u>	Hair Color: <u>Brown</u>	Eye Color: <u>Blue/Green</u>	Skin Tone (Light/Medium/Dark): <u>Light</u>
Scars, Tattoos (where on body and description):						
Home Address: <u>214 Rabbit Rd</u>						
City, State, Zip: <u>Gaithersburg MD 20878</u>						
Telephone/Cell Number: <u>301-672-8769 240-672-8769</u>						
Employer: _____						Work Hours:
Work Address:						
City, State, Zip:						Telephone Number:
Vehicle Make: _____	Model/Color:	Year:	Tag #:	State:		
Weapons: _____						
Other locations or information about respondent: <u>12370 Quail Woods Dr</u> <u>German Town MD</u>						

PETITIONER

(Person Requesting Assistance)

Full Name: <u>Jeffrey Phoenix</u>		Date of Birth: _____		Age: <u>43</u>	
Race: <u>W</u>	Sex: <u>M</u>	Height: <u>6'</u>	Weight: <u>210</u>		

INFORMATION ABOUT OTHER PERSONS PETITIONER WANTS PROTECTED

Full Name: <u>Savanna Phoenix</u>	Race: <u>W</u>	Sex: <u>F</u>	Date of Birth: <u>08/02/06</u>	Weight: <u>120</u>	Approx. Age: <u>16</u>
Full Name: <u>Shionne Phoenix</u>	Race: <u>W</u>	Sex: <u>F</u>	Date of Birth: <u>03/19/08</u>	Weight: <u>110</u>	Approx. Age: <u>15</u>
Full Name:	Race:	Sex:	Date of Birth:	Weight:	Approx. Age:
Full Name:	Race:	Sex:	Date of Birth:	Weight:	Approx. Age:

Petitioner's Signature: Jeffrey Phoenix

Date: 6/1/23

Petitioner's Telephone Number: 240-994-8815

**DISTRICT COURT OF MARYLAND FOR MONTGOMERY COUNTY**191 EAST JEFFERSON ST, ROCKVILLE, MD 20850
301-563-8895

Case No. D-06-FM-23-816469

PHOENIX, JEFFREY vs PHOENIX, CHELSEA
214 RABBITT RD. 214 RABBITT RD.
GAITHERSBURG, MD 20878 GAITHERSBURG, MD 20878
240-994-8815(H) 240-672-8769(H)

**ADDENDUM TO PETITION FOR PROTECTIVE ORDER
(DESCRIPTION OF RESPONDENT)**

Failure to provide information on this Addendum may prevent law enforcement from processing the Court's Protective Order.
This may endanger your safety or the safety of another protected party. Please provide as much information as possible.

**DESCRIPTION OF RESPONDENT
(Alleged Abuser)**

Full Name: PHOENIX, CHELSEA			Date of Birth: 01/25/2005			Approximate Age:		
Race: 2	Sex: F	Height: 5' 4"	Weight: 115	Hair Color: BRN	Eye Color: BLU	Skin Tone (Light/ Medium/ Dark): LIGHT		
Scars, Tattoos (where on body and description):								
Home Address 214 RABBITT RD.								
City, State, Zip GAITHERSBURG, MD 20878								
Telephone/Cell Number: 240-672-8769								
Employer:						Work Hours:		
Work Address								
City, State, Zip						Telephone Number:		
Vehicle Make:	Model/ Color:		Year:	Tag#:		State:		
Weapons:								
Other locations or information about respondent: 12370 QUAIL WOODS DR. GERMANTOWN, MD								

**PETITIONER
(Person Requesting Assistance)**

Full Name: PHOENIX, JEFFREY				Date of Birth:		Approximate Age: 45	
Race: 2	Sex: M	Height: 6' 0"	Weight: 210				

INFORMATION ABOUT OTHER PERSONS PETITIONER WANTS PROTECTED

Full Name: PHOENIX, SAVANNA	Race: 2	Sex: F	Date of Birth: 08/02/2006	Weight	Age:
Full Name: PHOENIX, SHIONNE	Race: 2	Sex: F	Date of Birth: 03/10/2008	Weight	Age:



DISTRICT COURT OF MARYLAND FOR MONTGOMERY COUNTY

191 EAST JEFFERSON ST, ROCKVILLE, MD 20850

Case No. D-06-FM-23-816469

301-563-8895

PHOENIX, JEFFREY	vs	PHOENIX, CHELSEA
214 RABBITT RD.		214 RABBITT RD.
GAITHERSBURG, MD 20878		GAITHERSBURG, MD 20878
240-994-8815(H)		240-672-8769(H)

ADDENDUM TO PETITION FOR PROTECTIVE ORDER

06/01/2023

Petitioner's Signature Date.....

Petitioner's Telephone Number: 240-994-8815 (h)